

ROUTING AND TRANSMITTAL SLIP		Date 27 JUL	
TO: (Name, office symbol, room number, building, Agency/Post)		Initials	Date
1.	MEL		
2.			
3.			
4.			
5.			
Action	File	Note and Return	
Approval	For Clearance	Per Conversation	
As Requested	For Correction	Prepare Reply	
Circulate	For Your Information	See Me	
Comment	Investigate	Signature	
Coordination	Justify		
REMARKS			

*Please see me about
this.*

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
<i>AB</i>	Phone No.

5041-102
★ U.S. G.P.O. 1977-241-530/3090

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
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